

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

MULTIDISCIPLINARY PROGRESS NOTES

NAME Kotz, William
SSN 196-62-8561
DOB 3-19-62

Defendants' Exhibit 4

DATE	TIME	PLAN
10/25/02		(Part Review) Knee brace x 3 mo cognisRx
10/25/02	0.15.02 pm	Answered to Dr. Radack - ok to use knee brace when ex in property x 3 mo
		1M ^o 10/25/02 ✓ of Rx
10/30/02	08 ⁰⁰	(Sick Call): S: (R) elbow pain several days O: area red, warm, swollen, soft A: No blisters? soft tissue r/s/p. P: - 1/2 blister improvement given - schedule c provider. <i>frt fm</i>
		MD CLINIC/DR.
WT:	196	HT: 128 1/73
10AM	R: 72 P: 80 T: 97°	
		eval (R) elbow swelling. <i>frt fm</i> No e object (R) elbow + hit it when fell out of bed 10/6/02. Painful + claim hard to write in (R) arm. o. (R) elbow at epicondyle it. swollen + red. ? lump prior to swollen site.
		1. Swollen epicondyle jt. 2. Sleng for (R) elbow. / Indom 50mg TID x 10 days.

cont

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MULTIDISCIPLINARY PROGRESS NOTES

NAME Kotie WilliamSSN 196-62-8561DOB 3-19-62

DATE	TIME	PLAN
		<u>MD CLINIC/DR.</u>
		WT: <u>147#</u> HI: <u>5'9"</u> BP <u>140/82</u>
		R: <u>unst</u> P: <u>72</u>
10/11/02	0900	<p>S - ACL graft on (R) knee, said he never had PT. Has been doing own PT.</p> <p>ACL 1997. Linda Rasmussen did surgery.</p> <p>Knee gets out of joint; if someone pushes his knee it gets out of jt and he needs to catch em catches.</p> <p>Has maintained (L) knee & a brace.</p> <p>O. (R) knee is now no effusion</p> <p>(-) edema</p> <p>(-) McMurray</p> <p>0115 good. Able to rotate knee & squatting.</p> <p>P. S/P ACL repair.</p> <p>Says he wants surgery but has not time now because of legal work against RV</p> <p>Additional - says he has his knee in a cast at night, as it doesn't come out.</p>

DATE	TIME	PLAN
9-11-02 (cont)		<p>to metal brace. says he needs to wear it or his knee "will grow out" & he will need crutches. No brace memo in chart from doc. Workline closed by DRZ. 10/25/01. Says he was given brace while incarcerated years ago. Missing HX between transfer to HSH (1996) to admission to CCR 9/01. Pt was unable to give clear answer as to what happened between that time. Currently takes no meds.</p> <p>A: Del thoughts, pursued speech. P: Will discuss knee brace w/ MD. Schedule for closed to evaluate. Refer to Q. <i>Attenuation</i></p>

Received Medical Unit

Date: 9/11/02 By: *Am*

09-13-02	093	PSN NOTE
		<p>Met w/ the inmate in his assigned module housing to assess his mental health stability. The past Mental health assessment was completed and placed in the chart. Please review for further information. Current Health Status classification report was completed and placed in the chart. He was psychiatrically cleared for working out/in for transfer.</p>
9/13/02	0909	<p>field case</p> <p>5/10 Pt lying on ambulator. Verbalizes he needs an operator. He had a leg op in the past but still in pain till now. Requesting for metal brace. See 9/11 note by intake doc. A/c in cannot have pain</p> <p>P/T types of DTC given & instructions a schedule to NP for E eval</p> <p><i>Am</i></p>

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

MULTIDISCIPLINARY PROGRESS NOTES

NAME Katts, William
SSN 196-62-8561
DOB 3-15-61

DATE	TIME	INTAKE: HALAWA CORRECTIONAL FACILITY			PLAN
9-10-02	1440	Transferred from:	OCW	Admit Date:	9-10-02
		Status:	RAD PARV Other		
		Medical Chart Received:	Y N X 3	Dental Chart Received:	Y N
		PPD/CXR:	11-16-01	Allergies:	NKDA
		Hepatitis B Status	Screen		
		Health History Date:		Physical Exam Date:	
		Self-Admin/Co-Payment form signed	Y N		
		HSCR: Current	Update		
		Medical/Psych History:	mental illness		
		Medications Received:	S.		
			WT: 197 HT: 5'9"		
		Treatments/Follow-up Needed:	PS) HIV, HSCA HIV screen.		
			9/13/02 noted		
		Mental Health:	Assessment	Other	
		Dental:	Screen	Exam	
		Disposition:	Med 16	Mentally ill Instructed on access to care. Pt HIV done; HIV refused. Form signed. Started TGA 4 for HSCA screening; OK'd from medical aspect.	
9-11-02	1030	Pt talks constantly - from one subject to another. Happy → sad. Angry & bx. States he's been hospitalized numerous times - has had 11 surgeries. Scars on ① forearm from GSW. GSW to lower back. ② knee surgery. Has a brace on ankle.			

MULTIDISCIPLINARY PROGRESS NOTES

DEPARTMENT OF PUBLIC SAFETY

HEALTH CARE DIVISION

POST ADMISSION MENTAL HEALTH ASSESSMENT

Name: KOTIS, WILLIAM Age: 40 Facility: MSAF-MDC Sex: Male Female
 SID: AD182281 SSN: 146-68-8561 DOB: 03-19-62 Place of Birth: HAWAII CHAMPS HAWAII ?
 () Caucasian () African American () Asian () Pacific Islander () Hawaiian
 () Part-Hawaiian () Filipino () Hispanic Other SPANISH, FRENCH
 Current Offense: MURDER 2

Considerations for Interviews

none
 () English is second language
 () Hearing or vision impaired
 () Wheelchair /other significant mobility problem
 () Security risk:
 () Other: _____

• CHAMPS SEPT 11 MOVE FROM A
 CHINA STORE

• KATE BRYNE, IN HOME

1. How are you feeling? "MISS HIS WIFE"

2. Have you ever had any kind of mental, emotional, or nerve problems? PSYCHOTIC
 Did you get any type of counseling? YES From Whom? UN-TEACHER
 What was it for? OTHER HOME REPAIR
 When and where was it? 1980 LONG BEACH MURK

3. Have you ever taken medicine prescribed for the above conditions? PSYCHOTIC, INSOMNIA
 By whom was it prescribed? YES, DOCTORS PRESCRIBED Psychiatrist () Physician () Other AT HSHL
 Current psychotropic medication: NO, CURRENTLY NO, CURRENTLY

4. Have you ever been a patient in a mental hospital? YES
 Why? OUT OF ORDER
 When? 1994 - 1995
 Where? PSH

5. Has any member of your family ever had mental problems? NO What type? CHAMPS SON HAS EPILEPSY PROBLEM
NO ONE IN FAMILY (MURK)

6. Have you ever had a head injury or seizure? YES, HEAD INJURY - MVA

7. Have you ever tried to hurt yourself or commit suicide? YES How many times? 1 How? NO, NO TO DATE
 Was medical attention required? NO

8. Have you ever hurt yourself on purpose when you are not trying to commit suicide? NO

9. Are you thinking of killing yourself now? NO

POST ADMISSION MENTAL HEALTH ASSESSMENT

10. Do you hear things that other people do not hear ? (specify) NO

11. Do you see things that other people do not see ? (specify) NO

12. Do you believe that you have any special gifts or super powers that others do not have? What kind ? I THINK A LOT OF PEOPLE DO...

13. What kind of drugs, including alcohol, do you use and how often ? CANIS 2-3/4CS OF MARIJUANA
TAKED FOR, ETC

14. What was the last grade you completed in school ? 12th Do you have a diploma ? NO GED ? NO
USA ? NO Other ? NO ~~NO~~ ~~NO~~ ~~NO~~ ~~NO~~

15. While in school were you ever in special classes ? NO

16. Were you ever placed in a juvenile detention center, boys home, or other group home ? NO

17. Have you ever been convicted for a sexual offense ? NO

18. Have you ever, with little or no provocation, experienced loss of control of yourself that resulted in serious assault to someone or destruction of property ? NO

19. Have you ever been a victim of criminal violence? (specify) YES, PUNISHED, SHOT AT...

20. Further Diagnostic Evaluation Recommended () yes () no

Reason for Referral:

() Displayed symptoms of psychiatric illness
 () History of mental health treatment
 () Current suicidal ideation
 () Prior suicidal gestures
 () Displayed unusual behavior
 () Affective distress noted
 () Unusual nature of offense
 () High risk for adjustment problems
 () Other _____

General
Comments: _____

INMATE HAD VISIBLE TATTOOS ON THE INTERVIEW AND MADE AN INAPPROPRIATE PEEPING TO
PEER IN THE BATHROOM. HE MADE ANY HALLUCINATIONS, SUICIDE IDEAS OR ANXIETY. HE EXHIBITED
NO AGGRESSION, AGGRESSION OR DEPRESSION. WHEN ASKED TO READ AND SIGN-ED. HE IS UNREAD
HE TALKED MUCH AND MADE COMMENTS OBSTRUCTIVE AND TO PERSONS UNKNOWN. HE IS APPEALING
TO INVESTIGATOR/HQ. IN Y BORN IN 1963/EXPOSED AT THIS TIME.

NAME/TITLE John L. Johnson - MN

Date 10-18-12 @ 1405

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

REFUSAL TO CONSENT TO MEDICAL/SURGICAL/DENTAL TREATMENT/MEDICATION

NAME: Kotis, William SSN: 196-62-8561 SID: A0182281DOB: 3/19/62 FACILITY: HCF DATE: 9/11/02 TIME: 0925

I, the undersigned patient, refuse the following treatment and/or medication:

Hep B Screen, Hep B Vaccine

(Describe Treatment and/or Medication)

The risk of refusing treatment or medication has been explained to me and I accept the risk involved. I release the State, the Department, the facility, the Health Care Division, and its medical personnel from any responsibility whatever for any unfavorable reaction, outcome, or any untoward results due to this refusal on my part to accept treatment or medication.

Kotis, William
(Print Name of Patient)William Kotis, Jr.
(Signature of Patient)*9/11/02
(Date)

I, the undersigned, have explained to the above named patient the risk involved in refusing treatment or medication recommended for the patient's continued good health.

Mary Tummimoto
(Print Name)M. Tummimoto
(Signature & Title)9/11/02
(Date)

A referral has been made to the attending physician: YES

NO

I have reviewed this case and if necessary have further counseled this patient on the risk of refusing treatment or medication.

(Print Name of Provider)

(Signature & Title)

(Date)

* If the patient refuses treatment and/or medication and refuses to sign this consent, please have refusal witnessed by another correctional employee.

I have witnessed the above named patient refuse the recommended treatment or medication and I have also witnessed the patient's refusal to sign this consent form.

(Print Name & Title)

(Signature & Title)

(Date)

DOC 0417 (3/95)

CONFIDENTIAL

Date: Oct. 9, 02**MEDICAL REQUEST**Name: Willem Kotis
(Print)Facility: SHNCFC-3
(Housing)Problem: Need to have treatment for my hip and spinal pains.
Also need fiber added to my dietSignature: Willem Kotis

(Inmate)

Date Received: Oct. 9, 02
(Date)Health Care Staff Signature: JL Appointment Made
 Seen By NurseDate: seen in clinic 11/11/02Original: HCU Medical Record
Canary: Inmate (Response)
Pink: Inmate (Receipt)

DOC 0450 (4/99)

CONFIDENTIAL

Original: HCU Medical Record
Canary: Inmate (Response)
Pink: Inmate (Receipt)

DOC 0450 (6/88)

Date: 9/22/02

MEDICAL REQUEST

Facility: HHC

Hoboken

Housing

SAFETY

Name: William Kotis
(Print)

Problem: Emergency, Left knee needs operation.

Signature: William Kotis
(Inmate)

9/22/02
(Date)

Date Received: 9/23/02

Appointment Made
 Seen By Nurse

Health Care Staff Signature: Reese

Date: 9/22/02

Original:
Canary:
Inmate (Response)
Inmate (Receipt)

DOC 0450
(4999)

CONFIDENTIAL

Date: September 16, 02

Name: William Kotis
(Print)

Facility: HHCF

SAFETY

Problem: Need to have my A.C.L. knee-brace (padded) from the Intake Unit

I was informed I needed a nurse's approval due to procedures. Please act A.S.A.P.

Signature: William Kotis
(Inmate)

Date Received: Sept. 15, 2002

Sept. 15, 2002
(Date)

Appointment Made Clinic
 Seen By Nurse

Health Care Staff Signature: John

Date: 9/26/02

a

Original: HCU Medical Record
Canary: Inmate Response
Print: Inmate (Receipt)

DOC 6450 (459)

Need MD approval

CONFIDENTIAL

Date: Sept 19, 02

MEDICAL REQUEST

Facility: HCF1B4-9
(Housing)Name: William Kotis
(Inmate)Problem: Need another Memo For my ACL kneebrace which currently is at the Intake, they said they shall only hold it for 30 days. I need this brace very urgently until I can get a reconstructive knee surgery.Signature: William Kotis
(Inmate)Date Received: 9/19/02 Appointment Made
 Seen By NurseHealth Care Staff Signature: NotDate: Sept. 19, 02
(Date)

SAFETY

Original: HCU Medical Record
 Canary: Inmate (Response)
 Pink: Inmate (Receipt)DOC 0450
(459)

CONFIDENTIAL

DOC 0450

STATE OF HAWAII

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Facility: HSNF MEDICAL NEEDS MEMOTO: Mobile SGT. FROM: Medical UnitInmate Kotis William housed in Mod. C-02May wear "DONTOR" Orthopedic brace at all times as needed.X 3 months.*Shane P*

Do a Health Status Classification Report if this is a significant change in health status.

Original: UTM/ACO/Work SupervisorCanary: Medical RecordPink: InmateGoldenrod: MiscellaneousHalawa Correctional Facility
Halawa Health Care Services Section
99-902 Ainaeha Hwy.

DOC 0449 (3/95)

CONFIDENTIAL

Original: HCU Medical Record
Canary: Inmate (Response)
Pink: Inmate (Receipt)

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETYFacility: HCF

INMATE INJURY REPORT

NAME: Kotis William
SSN: 191-63 856-1
SID: A7182281 DOB: 3-19-67Date/Time of Report: 1845 11/11/02
Date/Time of Injury: 1835 11/11/02
Place Injury Occurred: _____

Description of events leading to injury by patient/witnesses:

3- "I got pinched on the rt side of my face. A #4 on a scale of 10."

Injury code based on this statement: FF3Nurse's observations/assessment/treatment of injury. [If this injury will affect transfer, update Form DOC 0497
(Health Status Classification Report)]

i. Alert, Vertically responsive male sitting in chair, in no physical or emotional stress BP 122/80 T6 16 02 97. Nasal and facial bones, as well as, jaw bones are intact. No bleeding, redness, swelling or skin tears found. Pt claims pain is about a #4 on scale of 1-10

Physician/Practitioner's Examination of patient:

#4 on scale of 1-10

A - Stable & no visible injuries

P - Give too tylenol and send back to medile.

Disposition:

Mary Gilbert RN BSN 11/11/02

Nurse's Signature/Title/Date

S. M. J. 11/11/02Examining Physician/Practitioner's Signature/Date
Reviewed

*Injury codes: 01 Inmate/Industrial
02 Inmate/Recreation
03 Inmate/Inmate (Polaroid photographs required even if no apparent injury.)
04 Inmate/ACO (Polaroid photographs required even if no apparent injury.)
05 Inmate/Self-Induced
06 Inmate/Miscellaneous

Original:
Canary:
Pink:Medical Record
HIBA (QI Injury Audit/Potential Legal Claim)
Institutional Safety Officer

DPS015

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